

HUMAN SERVICES DEPARTMENT[441]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services proposes to amend Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” Iowa Administrative Code.

This amendment extends the time in which the physician may sign a home health agency plan of care to conform to Medicare policy. The current Medicaid standard is that the physician’s signature shall be dated within the certification period. Medicare allows the plan to be signed any time before the claim for home health agency services is submitted for reimbursement. Having different standards for Medicare and Medicaid is confusing for physicians and home health agencies.

This amendment does not provide for waivers in specified situations because the amendment provides a benefit to home health agencies.

Any interested person may make written comments on the proposed amendment on or before October 26, 2010. Comments should be directed to Mary Ellen Imlau, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by E-mail to policyanalysis@dhs.state.ia.us.

This amendment is intended to implement Iowa Code section 249A.4.

The following amendment is proposed.

Amend paragraph **78.9(1)“1”** as follows:

1. Physician’s signature and date. ~~The date of the signature shall be within the certification period.~~
The plan of care must be signed and dated by the physician before the claim for service is submitted for reimbursement.